

Hendrix. (H. F.)

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CAUSED BY
INTRA-UTERINE PRESSURE.

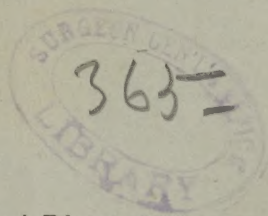
BY

H. F. HENDRIX, M. D.,

LECTURER ON OBSTETRICAL EMERGENCIES, IN THE COLLEGE FOR MEDICAL
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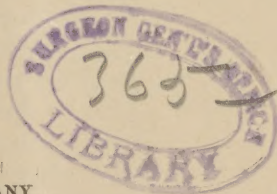
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ARREST OF DEVELOPMENT CAUSED BY INTRA-UTERINE PRESSURE.

By H. F. HENDRIX, M. D., of St. Louis, Lecturer on Obstetrical Emergencies, in the College for Medical Practitioners.

The following case may be of interest to your readers :

Mrs. M., married, aged forty-two, the mother of seven children born at full term, and two miscarriages. Those at full term were all healthy and well-developed. She and her husband are both healthy and industrious people, and not in any way dissipated.

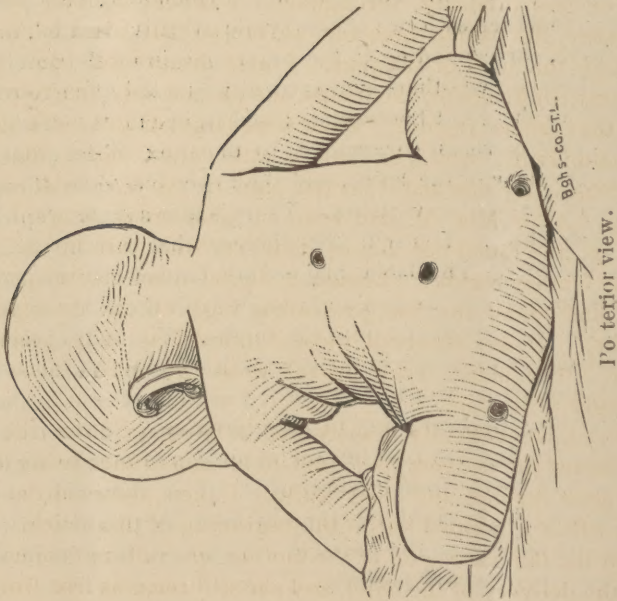
The case in hand was born at maturity, and presented, at birth, no evidences of any unhealthy condition, but, on the contrary, was perfectly healthy and plump.

The child, when this cut was taken, was just four months old, and had never been sick. The scars, which you notice, were present at birth, together with two others symmetrically situated, one on each knee, corresponding to the outer margin of the patella. You also observe two others symmetrically situated at a site corresponding to the great trochanters ; and those in the median line—the one uppermost corresponds to the apex of an antero-posterior curvature of the spine, and the lower one to an abrupt projection of the lumbar vertebra. There is also a slight depression on each elbow. You will also observe that the internatal crease is wanting. The labia majora are imperfectly formed. The thighs, as you see, are at a right angle with the sides of the body, and the legs are flexed onto the thighs. You will observe that the tissues of the thigh pass over the knee-joint on the side of flexion, and are so attached to the leg as to confine it in that flexed condition, the heel being in close proximity to the nates. The patellas are fixed, so that further extension cannot be made, even if the soft tissues would admit of it, which they will not. The thighs may be brought together in front by pressure with the hands, but as soon as the pressure is removed, they immediately resume their former position.

Fig. 1



Fig. 2.



At birth, the feet lay with their flat (plantar) surfaces together; the heels were just above the pubis, and the toes pointed towards the umbilicus. The thighs lay close to the sides of the body, and in handling the child, you seemed to be handling the trunk simply, without legs. The latter feature still maintains.

The woman gives, in substance, the following history:

“When I was four months pregnant, and on my way home from a funeral, the driver of the carriage left his seat and went into a saloon. The horses ran away and I became terribly frightened; at one point the carriage came near being precipitated down an embankment. I was standing up in the carriage at the time, and the sight left my eyes, and I sat back with considerable force upon the carriage seat. I then felt a pain in my back. The horses ran for more than two miles, and were finally checked by a boy who ran out in front of them. As soon as the door was opened I stepped out, and in doing so, missed the carriage step and went directly from the bed of the carriage to the ground, lighting on my feet with considerable force. I then felt pain in my side that is, to the outer side of the abdomen near the groin, (in the inguinal region). The latter pain was not of long duration, but the pain in the back continued, with more or less intensity, throughout. Towards the end of my pregnancy, the pain became very severe, so that I had to remain in bed for the most of the time. I also discovered, some time before my confinement, two lumps, one on each side, (corresponding to the inguinal region.) They were larger than a hen’s egg”.

The midwife, who was first in attendance, stated that the labor was a dry one and that the pain in the back was excruciating. After Mrs. M. had been in labor many hours, I was called in, and found her almost delirious with pain in the back (in the lumbar region). I made a digital examination *per vaginam* and found the feet presenting high up (at the superior straight). I also observed those “lumps,” as they projected out on either side. They proved to be the child’s knees and were very prominent.

After much difficulty, I succeeded in bringing down the feet and effected the delivery, the child to all appearance being dead, but it soon revived and cried lustily. I then observed the condition which I pointed out in the beginning of this article. The pain in the lumbar region of the mother was relieved coincident with the delivery of the child, and she still remains free from it.

I find in surgical works, considerable literature in regard to intra-uterine pressure as a cause of congenital club-foot, but in most cases the theory is objected to, and other causes assigned for the deformity.

Having consulted a number of authors, viz: Billroth, Syme, Holmes and others, I find no statement bearing upon this case. But quite a number of our local physicians and surgeons have kindly examined the case, at my request, and have given me the benefit of their observations. Some of these favored the theory that an injury had been sustained by the spinal column, followed by curvature, and suppuration, and that the scars indicate the points at which the pus escaped. Others, (with me,) believe that the scars are due to intra-uterine pressure exercised upon the foetus, beginning at an early period of life. I believe the carriage accident was the predisposing cause. The child took an unnatural position, sitting, as it were, in such a way, that the then, soft, flexible spinal column was made to flex upon itself, and being held firmly in that position by the uterus, was made to retain the curve and projection before described, and the same pressure was brought to bear upon the prominences, causing, not sloughing, as would appear from the rational signs, but arrest of development of the soft tissues at these points. Now, in conclusion, I would say, that I am well aware that the case just reported is one of but little practical utility, but it is of great pathological interest. It is unique, so far as my observation and research extends, and, I am sure, will go far to substantiate the fact, that most congenital deformities and monstrosities are to be accounted for by the position, which the foetus occupies in the uterus, and the scarcity of amniotic fluid, in consequence of which the walls of the uterus are allowed to come too forcibly in contact with the embryo, causing it to retain almost any shape which it may accidentally assume.

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